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# **United States Bankruptcy Court**District of New Jersey

In re	Shalina J Robinson		Case No.	18-12701
		Debtor(s)	Chapter	13

### AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

Amended A to list second address of real property.

Amended D to correct secured amounts.

Amended E to adjust IRS Debt.

Amended I to correct income.

Amended J to correct expenses.

#### NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: August 15, 2018 /s/ David S Waltzer
David S Waltzer

Attorney for Debtor(s)
Law Offices of David S Waltzer
One Central Ave
Suite 307
Tarrytown, NY 10591
914-287-0880 Fax:914-287-0881
waltzer@waltzerlawgroup.com

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		DOGGIII					
Fill in this info	rmation to identify your	case:					
Debtor 1	Shalina J Robinson						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY					
Case number	18-12701						
(if known)							

■ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Su	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	400,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,355.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	404,355.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	272,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	4,751.78
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	146,005.26
	Your total liabilities	\$	422,757.04
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,269.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,717.23
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to

the court with your other schedules.

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Debtor 1 Shalina J Robinson

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

11,366.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,751.78
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	4,751.78

	Case	18-12701-V	FP Doc 31		led 08/15 cument		Entered 08/1 ne 4 of 22	L5/18 17	:55:08	Desc Main	
Fill	in this inform	nation to identify	your case and th			Fat	IE 4 (II ZZ				
Deb	otor 1	Shalina J Ro		Name		Last Na	me				
	otor 2 use, if filing)	First Name	Middle	Name		Last Na	me				
Unit	ted States Bar	nkruptcy Court for	the: DISTRICT	OF NEV	W JERSEY						
Cas	se number _1	8-12701								Check if this is a amended filing	n
_		rm 106A/B e <b>A/B: P</b> i	-							12/15	
n ea hink nfor nsv	ch category, se it fits best. Be mation. If more ver every quest	eparately list and d e as complete and a e space is needed, a tion.	escribe items. List a	e. If two heet to ti	married peopl his form. On th	le are filine top of	ng together, both are any additional pages	equally resp	onsible for su	the category where you	ı
	o you own or h  No. Go to Part Yes. Where is	2.	uitable interest in a	ny resid	lence, building	ı, land, oı	similar property?				
1.1	560 Parker			What	is the propert	-	all that apply			ims or exemptions. Put	
	Street address, i	f available, or other des	cription		Duplex or mu Condominium		•			d claims on Schedule D: ns Secured by Property.	
	Newark City	NJ State	07104-0000 ZIP Code		Manufactured Land Investment pr		e home	Current va		Current value of the portion you own? \$400,000.0	n
	C.i.y	Oldio	2.1. 0000		Timeshare Other			Describe t	he nature of y	our ownership interest ancy by the entireties, o	
				wno	Debtor 1 only		roperty? Check one	Fee sim	•		
	County				Debtor 2 only						
	County				200101 1 0110		only tors and another		k if this is com	munity property	
						ou wish	to add about this ite	m, such as lo	ocal		
				adja	cent st.		nis is a corner lo nown as 266-27				

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$400,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 18-12701-VFP Doc 31 Filed 08/15/18 Entered 08/15/18 17:55:08 Desc Main Page 5 of 22 Document Case number (if known) 18-12701 Shalina J Robinson Debtor 1 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Rogue Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2015 Year: Debtor 2 only Current value of the Current value of the 33000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Leased Vehicle, See Schedule G \$0.00 \$0.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Miscellaneous household furnishings, electronics, etc. \$1.520.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment

Official Form 106A/B Schedule A/B: Property page 2

No

☐ Yes. Describe.....

Case 18-12701-VFP Doc 31 Filed 08/15/18 Entered 08/15/18 17:55:08 Document Page 6 of 22 Case number (if known) 18-12701 Debtor 1 Shalina J Robinson 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Personal Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$600.00 One watch, Miscellaneous costume jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,620.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash \$35.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Account with Bank of America Used for Direct Deposit** \$1,200.00 17.1. Checking **Account with Chase Bank** \$500.00 Checking 17.2.

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

☐ Yes...... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

(	Case 18-12701		Filed 08/15/18 Entered Document Page 7 of	22	
Debtor 1	Shalina J Robi	nson		Case number (if known) 18	3-12701
■ Yes	s. Give specific inform	nation about them Name of entity:		% of ownership:	
		Consulting Group L The businss was for could do education	rmed by Debtor so that she	%	\$0.00
Neg	otiable instruments inc	lude personal checks, cas	tiable and non-negotiable instrur hiers' checks, promissory notes, ar nsfer to someone by signing or deli	nd money orders.	
☐ Yes	s. Give specific inform	ation about them Issuer name:			
	ement or pension ac mples: Interests in IRA		03(b), thrift savings accounts, or otl	her pension or profit-sharing plan	ns
■ Yes	s. List each account se	eparately. Type of account:	Institution name:		
		403(b)	ERISA-qualified 403(b) the estate)	plan (not property of	Unknown
		Pension	Debtor has a teachers p	pension	Unknown
Your		eposits you have made so	that you may continue service or u		or others
■ No					
☐ Yes	S		Institution name or individua	l:	
23. <b>Ann</b> ι ■ No	ities (A contract for a	periodic payment of mone	y to you, either for life or for a numl	ber of years)	
☐ Yes	s Issue	r name and description.			
	sts in an education I S.C. §§ 530(b)(1), 529		ualified ABLE program, or under	a qualified state tuition progra	m.
	s Institu	ution name and description	. Separately file the records of any	interests.11 U.S.C. § 521(c):	
■ No			ther than anything listed in line 1	), and rights or powers exercis	sable for your benefit
⊔ Yes	s. Give specific inform	lation about them			
			d other intellectual property ds from royalties and licensing agre	ements	
☐ Yes	s. Give specific inform	ation about them			
Exar		other general intangible s, exclusive licenses, coop	e <b>s</b> erative association holdings, liquor	licenses, professional licenses	
■ No □ Yes	s. Give specific inform	nation about them			
Money o	r property owed to y	ou?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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De	Shalina J Robinson	Case number (if known) 18-12/01	
28.	. Tax refunds owed to you		
	<ul> <li>■ No</li> <li>□ Yes. Give specific information about them, including whether you already filed the retu</li> </ul>	rns and the tax years	
	<ul> <li>Family support         <ul> <li>Examples: Past due or lump sum alimony, spousal support, child support, maintenance,</li> <li>No</li> <li>Yes. Give specific information</li> </ul> </li> </ul>	divorce settlement, property settlement	
30.	Other amounts someone owes you         Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, va benefits; unpaid loans you made to someone else         ■ No	acation pay, workers' compensation, Social Security	
31.	<ul> <li>Interests in insurance policies         Examples: Health, disability, or life insurance; health savings account (HSA); credit, hon     </li> <li>No</li> </ul>	neowner's, or renter's insurance	
	☐ Yes. Name the insurance company of each policy and list its value.	neficiary: Surrender or refund value:	
	<ul> <li>Any interest in property that is due you from someone who has died         If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, o someone has died.         ■ No         □ Yes. Give specific information     </li> </ul>	or are currently entitled to receive property because	
33.	<ul> <li>Claims against third parties, whether or not you have filed a lawsuit or made a den Examples: Accidents, employment disputes, insurance claims, or rights to sue</li> <li>No</li> <li>Yes. Describe each claim</li> </ul>	nand for payment	
	Other contingent and unliquidated claims of every nature, including counterclaims     No     ☐ Yes. Describe each claim	of the debtor and rights to set off claims	
	<ul> <li>Any financial assets you did not already list</li> <li>■ No</li> <li>□ Yes. Give specific information</li> </ul>		
36	6. Add the dollar value of all of your entries from Part 4, including any entries for part 4. Write that number here	ages you have attached \$1,735.00	_
Pa	art 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real es	state in Part 1.	
I	Do you own or have any legal or equitable interest in any business-related property?  ■ No. Go to Part 6.  □ Yes. Go to line 38.		
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in farmland, list it in Part 1.	est In.	
46.	<ul> <li>Do you own or have any legal or equitable interest in any farm- or commercial fish</li> <li>■ No. Go to Part 7.</li> <li>□ Yes. Go to line 47.</li> </ul>	ing-related property?	
Pa	Describe All Property You Own or Have an Interest in That You Did Not List Above		

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Case number (if known) 18-12701 Document Debtor 1 **Shalina J Robinson** 

53.	Do you have other property of any kind you did not already Examples: Season tickets, country club membership	list?			
	No				
	Yes. Give specific information				
54.	Add the dollar value of all of your entries from Part 7. Writ	e that	number here		\$0.00
Part	List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$400,000.00
56.	Part 2: Total vehicles, line 5		\$0.00	_	
57.	Part 3: Total personal and household items, line 15		\$2,620.00		
58.	Part 4: Total financial assets, line 36		\$1,735.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	_	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ _	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$4,355.00	Copy personal property total	\$4,355.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$404,355.00

Official Form 106A/B Schedule A/B: Property page 6

Case 1	8-12/UI-VFP		ge 10	of 22	17.55.06 Des 	oc ivialii
Fill in this informa	ation to identify you	ur case:				
Debtor 1	Shalina J Robir	nson				
Debior 1	First Name	Middle Name Last N	Vame			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name Last N	lame			
United States Bank	cruptcy Court for the	: DISTRICT OF NEW JERSEY				
Case number 18	3-12701					
(if known)					■ Check	if this is an
					amend	ded filing
Official Form	106D					
Official Form						
Schedule D	): Creditors	s Who Have Claims Sec	ured	by Propert	У	12/15
Be as complete and a	accurate as possible.	If two married people are filing together, bot	h are equa	ally responsible for su	ipplying correct informa	tion. If more space
s needed, copy the A		out, number the entries, and attach it to this				
number (if known).						
	ave claims secured b	,, , ,				
		his form to the court with your other sched	ules. You	u have nothing else t	o report on this form.	
Yes. Fill in a	all of the information	below.				
Part 1: List All	Secured Claims					
2. List all secured cl	aims. If a creditor has	more than one secured claim, list the creditor se	parately	Column A	Column B	Column C
		s a particular claim, list the other creditors in Par ical order according to the creditor's name.	t 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 M&T Bank		Describe the property that secures the clai	im:	value of collateral. <b>\$272,000.00</b>	claim \$400,000.00	If any <b>\$0.00</b>
Creditor's Name		560 Parker St. Newark, NJ 07104		<del></del>	<u> </u>	
		Essex County				
		Primary Residence: this is a corn	er			
		lot that has an address on each				
		adjacent st.				
		The property is also known as 266-270 Delavan Ave.Newark, NJ				
Attn: Robei	rt Brady /	07104				
Officer One M&T P	laza	As of the date you file, the claim is: Check a	II that			
Buffalo, NY		apply.				
		Contingent				
Number, Street, C	ity, State & Zip Code	Unliquidated				
Who owes the debt	t? Check one	☐ Disputed  Nature of lien. Check all that apply.				
■ Debtor 1 only	onesis ener	☐ An agreement you made (such as mortgage	ae or secu	red		
Debtor 2 only		car loan)	,0 0. 0000.	.00		
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	, iieii)			
☐ Check if this claim		•	gage			
community debt		— Saler (including a light to onset)	<u></u>			
Date debt was incur	red 2014	Last 4 digits of account number				
Add the dollar value	ue of your entries in C	Column A on this page. Write that number her	re:	\$272,00	00.00	

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$272,000.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debto	or 1 Shalina J Ro	binson		Case number (if know)	18-12701
	First Name	Middle Name	Last Name	-	
	Name, Number, Stree CENLAR P.O. Box 77404 Ewing, NJ 08628	t, City, State & Zip Code		On which line in Part 1 did you ent  Last 4 digits of account number	<del></del>
	Name, Number, Stree Cenlar FSB 425 Phillips Blvd Ewing, NJ 08618			On which line in Part 1 did you ent  Last 4 digits of account number	<del></del>
	Name, Number, Stree KML Law Group 216 Haddon Ave Westmont, NJ 0	e., Ste. 406		On which line in Part 1 did you ent  Last 4 digits of account number	
	Name, Number, Stree Sheriff of Essex 50 W Market St. Newark, NJ 0710	•		On which line in Part 1 did you ent Last 4 digits of account number	
	, ,		ion	On which line in Part 1 did you ent Last 4 digits of account number	
	Name, Number, Stree United States of c/o U.S. Attorne 970 Broad Stree Newark, NJ 0710	y t		On which line in Part 1 did you ent Last 4 digits of account number <u>(</u>	

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Document Page 12 of 22 Fill in this information to identify your case: Debtor 1 Shalina J Robinson First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name DISTRICT OF NEW JERSEY United States Bankruptcy Court for the: Case number 18-12701 (if known) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority **Nonpriority** amount amount 2.1 **Internal Revenue Service** Last 4 digits of account number \$1,756.88 \$1,756.88 \$0.00 Priority Creditor's Name Department of the Treasury When was the debt incurred? 2015 Post Office Box 145566 Cincinnati, OH 45214 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only

☐ Domestic support obligations

Other. Specify

Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated

**Tax Debt** 

☐ At least one of the debtors and another ☐ Check if this claim is for a community debt

Is the claim subject to offset?

■ No

☐ Yes

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Debtor 1 Shalina J Robinson Case number (if know) 18-12701 2.2 **Internal Revenue Service** Last 4 digits of account number \$2,994.90 \$2,994.90 \$0.00 Priority Creditor's Name **Centralized Insolvency Operati** When was the debt incurred? 2017 Post Office Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? No Other. Specify 2017 Tax Debt per Amended POC filed June 2018 ☐ Yes **Prince George County Child** Unknown Unknown Unknown 2.3 **Support Offic** Last 4 digits of account number Priority Creditor's Name Attn: 820155793 When was the debt incurred? ongoing 4235 28th Ave Suite 135 Temple Hills, MD 20748 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? No ☐ Other. Specify child support - deducted from paycheck \$1040 ☐ Yes per paycheck (twice per month) Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Total claim

Part 2.

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Debto	Snailna J Robinson	Case number (if know) 18-12/01	
4.1	Capital One Bank (USA), N.A.	Last 4 digits of account number	\$1,324.00
	Nonpriority Creditor's Name 8020 Towers Crescent Dr Suite 5	When was the debt incurred? 2015	
	Vienna, VA 22182  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.2	Capital One Bank USA NA	Last 4 digits of account number	\$5,236.70
	Nonpriority Creditor's Name Attn: General Correspondence PO Box 30285	When was the debt incurred? 2015	
	Salt Lake City, UT 84130-0287		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	П	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one or the deptors and another ☐ Check if this claim is for a community	Student loans	
	debt	Dobligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
	Liberty Savings Federal Credit		<b>\$0,000,00</b>
4.3	Union Nonpriority Creditor's Name	Last 4 digits of account number	\$2,293.00
	666 Newark Ave Jersey City, NJ 07306	When was the debt incurred?	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  Student loans	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Loan	

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Document Page 15 of 22 Debtor 1 Shalina J Robinson Case number (if know) 18-12701 Last 4 digits of account number 4.4 Merrick Bank Corp \$2,003.33 Nonpriority Creditor's Name P.O. Box 9201 When was the debt incurred? Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.5 **U.S. Department of Education** \$135,148.23 Last 4 digits of account number Nonpriority Creditor's Name 400 Maryland Avenue, SW When was the debt incurred? Washington, DC 20202 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacktriangled Debts to pension or profit-sharing plans, and other similar debts Student Loans- paid outside of Ch 13 plandeferred for several years forward (Debtor ☐ Yes Other. Specify is finishing PhD) Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Dr #300 Part 2: Creditors with Nonpriority Unsecured Claims San Diego, CA 92108 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Resurgent Capital Services** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 10587 Part 2: Creditors with Nonpriority Unsecured Claims Greenville, SC 29603-0587 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Terrance E Thorne Sr. Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims 1103 Alhambra Ave ☐ Part 2: Creditors with Nonpriority Unsecured Claims Accokeek, MD 20607 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **US Dept of Education** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

P.O. Box 69184
Official Form 106 F/F

c/o FedLoan Servicing

Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 Shalina J Robinson

Page 16 of 22 Case number (if know)

18-12701

#### Harrisburg, PA 17106-9184

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	4,751.78
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	4,751.78
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		_	0.00
		you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	146,005.26
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	146,005.26

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Fill	in this information to identify your	case:			
De	btor 1 Shalina J	Robinson		_	
1	btor 2 puse, if filing)			_	
Un	ited States Bankruptcy Court for t	ne: DISTRICT OF NEW	JERSEY	_	
Ca	se number <b>18-12701</b>			Che	ck if this is:
(If k	nown)				An amended filing
					A supplement showing postpetition chapter 3 income as of the following date:
0	fficial Form 106I			Ī	ИМ / DD/ YYYY
S	chedule I: Your Inc	come			12/15
sup spo atta	plying correct information. If yourse. If you are separated and you	ou are married and not fil our spouse is not filing w n. On the top of any addit	ing jointly, and your spouse is tith you, do not include inforn	s living with nation abou	otor 2), both are equally responsible for you, include information about your t your spouse. If more space is needed, umber (if known). Answer every question
1.	Fill in your employment		Debtor 1		Debtor 2 or non-filing spouse
	information.		_		_
	If you have more than one job,	Employment status	Employed		■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed		☐ Not employed
	employers.	Occupation	Teacher Trainer		

#### Part 2: Give Details About Monthly Income

Include part-time, seasonal, or

Occupation may include student or homemaker, if it applies.

self-employed work.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

**Schools** 

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**New Jersey City Public** 

Jersey City, NJ 07305

17 years

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

Employer's name

**Employer's address** 

How long employed there?

4. Calculate gross Income. Add line 2 + line 3.

For Debtor 2 or non-filing spouse
\$ 0.00
+\$ 0.00
\$0.00_

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Shalina J Robinson	_		Case	number (if known)	) _	18-12	701		
					For	Debtor 1			Debtor	2 or pouse	
	Cop	y line 4 here	4.		\$	9,072.00	)	\$	illing s	0.00	)
5.	l ist	all payroll deductions:					_				_
0.		• •	Ec		¢	4 704 00		¢		0.00	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$_ \$	1,704.00	_	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50		<b>\$</b> -	426.00 92.00	_	\$—		0.00	_
	5d.	Required repayments of retirement fund loans	50		<b>\$</b> -	230.00	_	\$—		0.00	_
	5e.	Insurance	5e		\$ -	36.00	_	\$		0.00	
	5f.	Domestic support obligations	5f.		<b>\$</b> -	2,080.00	_	\$		0.00	_
	5g.	Union dues	50		\$	0.00	_	\$		0.00	_
	5h.	Other deductions. Specify:	_	) ).+	\$	0.00	_			0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	4,568.00	_	\$		0.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,504.00		\$		0.00	_
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total			_		_				_
		monthly net income.	88		\$_	2,200.00	_	\$		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filling spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce			\$_ •	0.00	_	\$		0.00	_
	0.1	settlement, and property settlement.	80		\$_	0.00	_	\$		0.00	_
	8d.	Unemployment compensation	80		\$_	0.00	_	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	86	<b>∌.</b>	\$_	0.00	_	\$		0.00	_
	· · ·	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ce 8f		\$	0.00	)	\$		0.00	1
	8g.	Pension or retirement income	8g	j.	\$	0.00	)	\$		0.00	)
	8h.	Other monthly income. Specify: Help from friends and family	8h	1.+	\$_	565.00	) +	+ \$		0.00	<u> </u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	2,765.00	)	\$		0.0	0
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		7,269.00 +	—— \$		0.00	- \$	7,269.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ-		7,203.00	_		0.00	_	7,203.00
11.	Incli othe	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you are friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are noticity:	ır depe			. ,		,	chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	7,269.00
13	Do	you expect an increase or decrease within the year after you file this forn	n?						'	Combi month	ned ly income
		No.									
		Yes Explain:									

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						1		
Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Shalina J Ro	binson			Che	ck if this is:	
						_	An amended filing	
	tor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Cas	e number 18	3-12701						
	nown)	)-12 <i>1</i> U 1						
Of	fficial Fo	rm 106J						
		J: Your	 Evner	1606				12/1
Be info nur	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer eve	s possible. eded, atta ry question	If two married people are ch another sheet to this				or supplying correct
Par 1.	Is this a joir	ibe Your House nt case?	noia					
	■ No. Go to	line 2.	in a separ	ate household?				
	_ 100.200							
	□ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
3.	Do your exp	enses include	_	No				☐ Yes
	expenses of	f people other t	:han 👝	Yes				
	yourself and	d your depende	nts? —	100				
exp	imate your ex		our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp				
				government assistance in				
	value of sucl ficial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
(		·,						
4.		or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4.	\$	2,899.23
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's				4b.	\$	0.00
				ipkeep expenses		4c.	:	65.00
5.		owner's associat nortgage paym		oominium dues our residence, such as ho	me equity loans	4d. 5.	·	0.00 0.00

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Debtor 1 Shal	na J Robinson	Case num	ber (if known)	18-12701
. Utilities:				
	icity, heat, natural gas	6a.	\$	538.00
	, sewer, garbage collection	6b.		0.00
	hone, cell phone, Internet, satellite, and cable services	6c.		149.00
•	. Specify: Internet	6d.	· <del></del>	55.00
	ilar Telephone		\$	85.00
	ousekeeping supplies		\$	500.00
	nd children's education costs	7. 8.	\$	
		o. 9.	\$	0.00
_	undry, and dry cleaning		·	90.00
	are products and services	10.	·	25.00
	d dental expenses	11.	\$	90.00
	tion. Include gas, maintenance, bus or train fare.	12.	\$	250.00
	de car payments. ent, clubs, recreation, newspapers, magazines, and books	13.	•	
			·	120.00
	contributions and religious donations	14.	<b>&gt;</b>	86.00
. Insurance.	de incomence deducted from our required in lines 4 on 00			
	de insurance deducted from your pay or included in lines 4 or 20.	150	<b>c</b>	0.00
15a. Life in		15a.	·	0.00
15b. Healt		15b.		0.00
15c. Vehic		15c.	·	220.00
	insurance. Specify:	15d.	\$	0.00
	ot include taxes deducted from your pay or included in lines 4 or 20.	16	¢	0.00
Specify:	or lease payments:	16.	<b>&gt;</b>	0.00
	ayments for Vehicle 1	17a.	\$	495.00
	ayments for Vehicle 2	17b.	·	0.00
17c. Other	Specific:	17c.		0.00
17d. Other		17d.		
	· · · · ·		Φ	0.00
	ents of alimony, maintenance, and support that you did not report a om your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I		\$	0.00
	ents you make to support others who do not live with you.	<i>)</i> .	\$	0.00
Specify:	one you make to support outline with as not into wait you	19.	Ψ	0.00
—	property expenses not included in lines 4 or 5 of this form or on Sc		ur Income.	
	ages on other property	20a.		0.00
20b. Real		20b.	\$	0.00
	rty, homeowner's, or renter's insurance	20c.		0.00
	enance, repair, and upkeep expenses	20d.		0.00
	owner's association or condominium dues	20a.	·	
		20 <del>0</del> .	Ψ	0.00
. Other: Spec	,	04	. ტ	50.00
	emergencies	21.	+φ	30.00
Calculate y	our monthly expenses			
	es 4 through 21.		\$	5,717.23
22b. Copy li	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	
	e 22a and 22b. The result is your monthly expenses.		\$	5,717.23
				0,111.20
-	our monthly net income.			
23a. Copy	line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,269.00
23b. Copy	your monthly expenses from line 22c above.	23b.	-\$	5,717.23
00- 0-11	and the same of th			
	act your monthly expenses from your monthly income. esult is your <i>monthly net income</i> .	23c.	\$	1,551.77
	ect an increase or decrease in your expenses within the year after			·
For example,	do you expect to finish paying for your car loan within the year or do you expect yo			ase or decrease because of a
_	o the terms of your mortgage?			
■ No. □ Yes.	Evaloin hora:			
1 1 7 4 5	Explain here:			

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Fill in this info	rmation to identify your	case:		
Debtor 1	Shalina J Robins	on		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	18-12701			
(if known)				Check if this is an amended filing

### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NOT an attor	ney to help you fill ou	nt bankruptcy forms?
	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	er penalty of perjury, I declare that I have read the sum they are true and correct.	mary and schedules f	iled with this declaration and
Χ _	/s/ Shalina J Robinson	^	
_	Shalina J Robinson Signature of Debtor 1	Signature	of Debtor 2

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**District of New Jersey

In re	Shalina J Robinson		Case No.	18-12701			
		Debtor(s)	Chapter	13			
	DISCLOSURE OF COMPENSATION	OF ATTORNEY FO	R DEBTOR	(S) - AMENDED			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in	the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to			
	For legal services, I have agreed to accept		\$	3,500.00			
	Prior to the filing of this statement I have received			2,000.00			
	Balance Due		\$	1,500.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed compensation	ion with any other person unle	ess they are memb	pers and associates of my law firm.			
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of						
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	<ul><li>a. Analysis of the debtor's financial situation, and rendering a</li><li>b. Preparation and filing of any petition, schedules, statement</li><li>c. Representation of the debtor at the meeting of creditors and</li><li>d. [Other provisions as needed]</li></ul>	t of affairs and plan which ma	y be required;				
6.	By agreement with the debtor(s), the above-disclosed fee does reaffirmation, redemption, adversary proceed any other party, additional work that derives removal	dings, litigation of any ki	nd, negotiation				
	CF	ERTIFICATION					
	I certify that the foregoing is a complete statement of any agree pankruptcy proceeding.	eement or arrangement for pay	yment to me for re	epresentation of the debtor(s) in			
	August 15, 2018	/s/ David S Waltzer					
_	Date	David S Waltzer					
		Signature of Attorney  Law Offices of David	d S Waltzer				
		One Central Ave					
		Suite 307 Tarrytown, NY 1059 <sup>7</sup>	1				
		914-287-0880 Fax: 9	914-287-0881				
		waltzer@waltzerlaw Name of law firm	group.com				
1		Transcoj vari juni					